CALIFORNIA RURAL HEALTH POLICY COUNCIL
400 R Street, Room 369
Sacramento, California 95811
(916) 326-3670 FAX (916) 322-2463
Toll Free: (800) 237-4492
Email: rhpc@oshpd.state.ca.us
WWW: http://www.ruralhealth.ca.gov

California Rural Health Policy Council - Public Meeting Summary
December 4, 2007
Doubletree Hotel – Sacramento

Acting Chairperson
David Carlisle, MD, PhD,
Director, Office of Statewide Health Planning and Development

Renee Zito, LMSW, CASAC
Director, Department of Alcohol and Drug Programs

Michael Borunda
Assistant Deputy Director, Community Services, Department of Mental Health

Sandra Shewry, MPH, MSW
Director, Department of Healthcare Services

Janet Huston
Associate Director, External Affairs, Department of Public Health

Shirley Tsagris
Chief, Administration, Emergency Medical Services Authority

Lesley Cummings
Executive Director, Managed Risk Medical Insurance Board

Council Staff
Kathleen Maestas, Rural Health Program Administrator
Terrence Nolan, Rural Health Office Manager

Also In Attendance
Herb Schultz, Office of the Governor

The meeting was called to order by OSHPD Director David Carlisle, standing in for Chairperson Stephen Mayberg, Director Mental Health Department, at 1:30 p.m., at Doubletree Hotel, 2001 Point West Way, Sacramento, California.

PROGRAM UPDATES

DEPARTMENT OF ALCOHOL AND DRUG PROGRAMS
Renee Zito, Director

- Studies conducted by the Department of Alcohol and Drug Programs have shown that 93 percent of Californians are aware that methamphetamine is a dangerous drug, yet these individuals do not talk about methamphetamine with their spouse or their children.

- Background of Methamphetamine treatment:
    A. In 2001, treatment admissions for methamphetamine surpassed admissions for alcohol addiction for the first time.
    B. Treatment admissions for methamphetamine use have increased 500 percent from 1994 up to present.
    C. Methamphetamine is the drug of choice for 36 percent of clients coming into California publicly-funded treatment.
    D. Admissions for methamphetamine use in small and very small counties are up 41 percent.

- Methamphetamine Practitioner's Guide:
    A. Resource guide for practitioners and individuals in the field who want to know about methamphetamine use.
    B. Offers ideas on the treatment of methamphetamine addicts.
    C. Examines myths surrounding methamphetamine usage.
    D. The guide is available on the web at www.@adp.ca.gov

- Educational DVD series on Methamphetamine:
    A. DVD series being developed in conjunction with UCLA for practitioners and family members of methamphetamine addicts.
    B. Topics covered:
        a. Introduction to methamphetamine
        b. Health impact of methamphetamine on the brain and behavior.
        c. The health impact on the body.
        d. Treatment and recovery.
        e. Families and methamphetamine.
    C. DVD series expected to be completed next year.

- Methamphetamine Campaign:
    A. Statewide campaign involving advertising, public relations, and community outreach.
    B. Targets of $10 million campaign:
        a. Women of childbearing age

b. Gay men
c. Youth

- California was recently awarded $14 million from the Federal government for the continuation of the Access to Recovery Program, which has provided treatment services for youth in Los Angeles and Sacramento counties and will now expand to Butte, Tehama, and Shasta counties.

- Director Zito stated that "our field faces unique challenges. There is a stigma associated with alcohol and drug abuse, and we are often at the end of the line for new funding. I know that small counties have unique challenges and I want to do all I can to provide you with opportunities to expand treatment and prevention, and at the same time improve the quality of service."

DEPARTMENT OF MENTAL HEALTH
Michael Borunda, Assistant Deputy Director, Community Services

- A great partnership exists between the Department of Mental Health and the Department of Alcohol and Drug Programs with regard to co-occurring disorders focusing on clients, consumers, and family members who are struggling with addiction to alcohol and other drugs and are also facing mental health issues. "This collaboration is especially relevant to small and rural counties because of the cost to the consumer associated with facing two issues regarding their health."

- The Department of Mental Health continues to take on the challenge and the opportunity of administering the Mental Health Services Act funding which was recently increased through an initiative passed by California voters.

- The increase in funds is a great opportunity to continue to establish flexible rules and policies to overcome the challenges of rural counties in accessing adequate funding and flexibility to manage their service delivery system.

- The Department of Mental Health has undergone a period of rapid growth due to increased funding from the Mental Health Services Act. "Our organization and the organization of counties have had to grow tremendously. We are facing the challenges associated with that growth and trying to establish the proper resources and align the proper resources with our core mission and function."

DEPARTMENT OF HEALTHCARE SERVICES
Sandra Shewry, Director

- The Department of Health Services split on July 1, 2007 into the Department of Healthcare Services, headed by Director Sandra Shewry and the Department of Public Health, headed by Director Mark Horton. The idea behind the split was to provide more focused management attention and advocacy in both the healthcare finance world and the public health world.

- The Department of Healthcare Services has just launched a project in collaboration with the California Health Care Foundation that seeks to establish performance benchmarks for the Medi-Cal program which include the following metrics and performance targets:

    A. Tracking enrollment of eligible individuals.
    B. Tracking in a more comprehensive and rigorous manner how the Medi-Cal is doing on issues that are known to lead to better health outcomes.
    C. Tracking how Medi-Cal is doing in preventive services.
    D. Making these statistics more readily available to the public and to business partners in an effort to drive performance in the right direction.

- Director Shewry stated that she serves on the Commission on a Higher Performance Health System convened by the Commonwealth Fund with the stated goal of seeing how the healthcare delivery system can be used to push for better health outcomes.

- The Governor and the legislative leaders have worked diligently on healthcare reform this year. "The Governor is so committed to finding a package of reforms that is politically acceptable and that can be accepted by both the legislature and then on the ballot by the population, that we will continue working on this beyond any deadline."

- The status of the Healthcare negotiations as reported by Director Shewry:

    A. There are many parts of healthcare reform where there is agreement such as the need for increased Medi-Cal rates.
    B. Both sides understand that hospital fees are acceptable to the hospital industry with the understanding that the money remain within the hospital industry and the fees can be used to pull in a significant amount of Federal funds.

C. Both sides agree there should be some kind of subsidized coverage for low-income individuals who are above Medi-Cal which would likely be a purchasing pool administered by the Managed Risk Medical Insurance Board.
D. Both sides see the need to reform the insurance market and that it is not acceptable to have individuals denied on their health status.
E. Both sides agree on the wellness and prevention initiatives that the Governor proposed in January.
F. Both sides agree there is a need for increased transparency which would fall largely to Office of Statewide Health Planning and Development and the Office of the Patient Advocate at the Department of Managed Healthcare.

- The outlook for healthcare reform as reported by Director Shewry:

A. There are still many issues where there is a lack of agreement such as the role of employers, how much and when should an employer have to put up money for their employees.
B. Another point where there is a lack of agreement is what is affordable to individuals and how high subsidies should go from the government.
C. "The vision is that the policy of healthcare reform would pass in a bill, would probably be a majority vote bill coming down in the legislature and the financing would be on the November 2008 ballot. That is the ballot where we vote for president, so there will be a high voter turnout."

- Counties are beginning to implement the Deficit Reduction Act provisions related to immigration status which means that several counties have sent letters to families stating in order to continue with their Medi-Cal coverage, they need documentation of their U.S. citizenship status.

- The Department of Healthcare Services and the Department of Public Health will be working on a Language Access Task Force through the Office of Multicultural Health. This is a joint venture with the Latino Coalition for Healthy California. The goal is to examine the idea of changes in Medi-Cal that would provide some kind of reimbursement stream for interpreter services. Other states use a direct provider reimbursement model, and some use a broker. The Language Access Task Force is looking at what would be best for California and the cost involved.

DEPARTMENT OF PUBLIC HEALTH
Janet Huston, Associate Director, External Affairs

- Dr. Horton is very passionate about his vision for the new Department of Public Health and is commitment to strategic partnerships. "And so there is a commitment to all of you who are key partners, because we do recognize that at the local level is where the rubber meets the road, that you are the ones who deliver the services."

- The new Department of Public health was established effective July 1, 2007. The Department is organized into five centers:

    A. Licensing and Certification
    B. Environmental Health
    C. Chronic Disease
    D. Infectious Disease
    E. Emergency Preparedness

- The Department of Public Health is very excited about the current focus on prevention, "which in addition to all the other historic aspects of the health care reform debate is something that is also unprecedented, and we are contributing to those discussions.

In a break from the usual protocol, Acting Chairperson Director Carlisle announced that <u>Senior Advisor to Governor Schwarzenegger, Herb Schultz</u> would take questions from the attendees regarding healthcare reform.

- Herman Spetzler: "I heard of selling the lottery as a funding methodology. I thought the lottery was supporting our school system. Our largest concern is that rural will get a backseat in the discussions that are taking place. How do we stay at the table, how do we make you recognize the value of our partnership as we support you in the changes that need to happen?"

  Herb Schultz: "There are a lot of different ideas down on the table. Businesses brought a sales tax to the table, the Governor brought the lottery and there is an effort by kids' advocates and disease advocates to do a tobacco tax. The Governor likes the lottery approach; he does not like the tobacco approach as there are many other dynamics around tobacco."

  "I think that the Governor has tried since the very beginning of this to look at not just one California but every region within California. And so we

have looked at distinctions and differences between not only infrastructure in rural areas, but also in terms of facilities and providers."

"So we have gotten into a lot of issues around workforce regarding rural health. Some of those will not be part of the initial framework that would be enacted this year, but we have a two-and-a-half year transition and intend to move forward. Dr. David Carlisle has been leading two efforts, one in the physician community and one overall about the diversity of the workforce and actually has held some of those meeting in various rural areas."

- Kurt Hahn: "In Sonoma County, half of our medical doctors are of an age that will retire in the next five years. I think this is probably the most crucial health issue in California over the next ten years because it will impact more than half the counties. We need to address workforce shortage issues and recognize how fast they are coming or we are in deep trouble."

  Herb Schultz: "I think we have begun to address this issue by holding some significant roundtables with rural representatives through the auspices of the Office of Statewide Health Planning and Development."

  "It has really been the Governor that has had the discussion this year over what we are going to do around doctors, what are we going to do around allied health professionals, what are we going to do to incentives the new clinics that at least are coming in in different areas run by practitioners and P.A.s.."

  "I think we agree with you that workforce has to be one of the first issues as we get the system enacted and we go towards the ballot on financing, that we need to figure out, because we have, as you know, an upcoming multi-billion dollar budget deficit."

- Dean Germano: "I am really amazed at the resiliency of the Governor on this issue. I am hoping that you are here to tell us that despite the legislature saying it is not the number one priority; at least some of the leaders are saying that the economy has leapfrogged over this issue, that we haven't taken a backseat on this issue. This is critically important to our State and in our global economy. The Governor has said we are in a global economy now and healthcare has become a competitive disadvantage, the way we administer it in this country".

  Herb Schultz: "I think there is a very strong desire among legislative leaders to listen to the people of California, and every poll taken indicates that the healthcare system needs major change."

"You are right, from a timing perspective; we would like it to happen soon because the budget season is upon us, but there is far more in agreement than there is in disagreement."

- Peter Abbott: "It has been widely reported that the State is facing a significant budget shortfall in the current year. What might we expect in health in terms of potential cutbacks and reductions as the State grapples with this, and how will that impact healthcare reform?".

  Herb Schultz: "Healthcare reform is designed as a self-financing system that includes fees from non-offering employers, fees from hospitals that come in, and fees from employers. It is a $14 billion system, Federal funds come into it, State and local funds come into it, therefore we are not going to have the challenges that some programs have in terms of the budget."

  "I think that if there is one message to leave you, it is that this Governor is 100 percent committed to comprehensive healthcare reform this year. The Governor has said time and time again, now is not the time for piecemeal reform. So get out in your communities and tell people that this Governor is committed, we think this legislature is committed. But from the Governor, we need to keep telling our elected officials that it is time and not to let perfect be the enemy of the good."

EMERGENCY MEDICAL SERVICES AUTHORITY
Shirley Tsagris, Chief, Administration

- Pending regulation changes regarding EMT-II:
  A. The EMS Authority convened a task force in 2004 to recommend changes to the EMT-II regulations to create a new intermediate level of EMS practitioner
  B. The new EMT-II would essentially be an EMT-I with a minimum of 88 additional hours of training, didactic clinical and field internship to administer the medications and perform the skills that were being removed from the EMT-I optional scope of practice, plus the administration of intravenous glucose, and morphine
  C. Education standards are scheduled to be delivered in September 2008 which will result in the amendments to the currently proposed EMT-II regulations

- Pending regulation changes regarding EMT-I:
  A. The EMT-I will also be amended

B. The main purpose of the EMT-I revision is to remove a number of optional skills from the EMT-I scope of practice which will be moved to the EMT-II regulations.
C. The optional skills that will be moved to the EMT-II regulations are:
    a. Administration of aspirin, glucagons for diabetic emergencies, nitroglycerine, albuterol and activated charcoal.
    b. Use of blood glucose measuring devices.
    c. Establishment of I.V. under direct supervision of a paramedic.
D. The optional skills that will remain in the EMT-I regulations are:
    a. EpiPens
    b. Administration of Naloxone for narcotic overdose
    c. Use of combitube as the advanced airway
E. The EMT-I regulations will not be revised until the EMT-II regulations have been revised.

- The AED (automated external defibrillator) regulations are currently under revision and available for public comment:

    A. The main amendments to these regulations are:
        a. Changing of the title from “Training Standards and Utilization of the Use of the Automated External Defibrillator by Non-licensed and Non-certified Personnel” to “Public Access Automated External Defibrillator Regulations”.
        b. Removal of the requirement that the physician/medical director need to authorize each individual use of an AED.
        c. The addition of the ratio of individuals that need to be trained in CPR and AED use in relation to the number of AEDs obtained.
    B. The main purpose of the EMT-I revision is to remove a number of optional skills from the EMT-I scope of practice which will be moved to the EMT-II regulations.

- Recommended guidelines for disciplinary orders for EMT-Is and EMT-IIs are being drafted and these will include conditions of probation for EMT-Is and EMT-IIs. These model disciplinary orders will provide guidance to local EMS agencies in applying disciplinary action on EMT-I and EMT-II certifications.

- We will be attempting to get AB 2 passed this year which will provide another source of financing for the major risk medical insurance program.

- We all need to look at how we can maximize federal funding, the financing of children's healthcare in this country.

MANAGED RISK MEDICAL INSURANCE BOARD
Lesley Cummings, Executive Director

- "The Managed Risk Medical Insurance Board is a board of volunteers who meet monthly in public and give us direction on how to manage our programs. We have a staff of about 80 to 85 people. We are accountable to the Board. The Board is appointed by the Governor and the legislature and has been asked to take on some major expansions of function under healthcare reform."

- The healthcare proposal contains an expansion of coverage for the subsidies in healthcare reform funded by Title 19. Historically, the Healthy Families Program has received SCHIP funding through Title 21, so "we would be working with our friends at the Department of Healthcare Services in bringing up a workable program."

- Another reason that MRMIB is interested in healthcare reform is that it has major impacts on a couple of the existing programs.

    A. The MRMIB is a program for medically-uninsurable people wherein subsidized coverage is provided to those rejected in the individual insurance market. "We do not believe that having a separate pool for medically-uninsurable people is the best way to provide coverage to medically-uninsurable people and we are excited about the ideas in healthcare reform which carry the provisions of reform of the individual insurance market providing that everyone get coverage."
    B. The Healthy Families Program would be affected by healthcare reform through the expansion of the Federal poverty level to 300 percent "and then we in conjunction with Medicaid would also cover children who are presently not eligible because of their immigration status."
    C. "The vision is that the policy of healthcare reform would pass in a bill, would probably be a majority vote bill coming down in the legislature and the financing would be on the November 2008 ballot. That is the ballot where we vote for president, so there will be a high voter turnout."

- Another big focus of the MRMIB is the funding for the Healthy Families Program in California. Nationally this is known as SCHIP, State Comprehensive Health Insurance Program. The Congress enacted this program 11 years ago and provided ten years of funding. That funding ran out last September. "The President has raised concerns about several aspects of the program: he thinks that it is serving children whose family incomes are too high; he thinks it was crowding out employers sponsored coverage; he thinks people wanted too much money; and he is concerned that somehow the program was serving undocumented people. So he has vetoed the bipartisan legislation that was passed and sent to him."

- "The Board has a statutory obligation to manage the Healthy Families Program and after December 14th, we do not have a penny of Federal money. So the Board adopted regulations at its November 5th meeting that would authorize it, if necessary, to freeze enrollment and to start dis-enrolling children at their annual eligibility review."

- An encounters and claims database is being developed to better understand the utilization of the Healthy Families' members, and "we are working with our administrative vendor to create this database that will capture utilization, health condition information, types of services, people the children in Healthy Families are accessing, and we are going to be able to look at that and analyze it by geographic region as well as by plan, by condition, and various other factors.

- MRMIB has also received some Mental Health Services Act funding to conduct evaluations of the mental health services provided by the Healthy Families Program.